Welcome to the TRICARE Regional Appointment Standardization Business Rules Training Seminar

15-16 and 17-18 May 2001

The right patient, to the right provider,
at the right time, at the right place

Appointment Standardization

Executive Overview

(Block 1)

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Agenda

TRICARE Management Activity

- Why do we need Appointment Standardization?
- What is Appointment Standardization?
- What policies, education, business rules, technical, people and leadership initiatives are there that support the program?
- What needs to be done to get to full implementation of Appointment Standardization?
- The Ten Steps to get MTFs from the “As is” model to the “To be” way of doing business.
- The Grass Hopper and the Ant

Background

TRICARE Management Activity

- Mission Need: Reduce variation of appointment types to improve overall beneficiary service
- Source of Requirement/Mandate: ASD(HA)/GAO/JCS
  - *GAO: Observations on Proposed Benefit Expansion and Overcoming TRICARE Obstacles*
  - *GAO: Appointment Timeliness Goals Not Met*
  - *GAO: Factors Affecting Contractors' Ability to Schedule Appointments*
- We need one simple appointment system for the MHS

Why Appointment Standardization?

(GAO Concerns)

TRICARE Management Activity

- Beneficiary confusion on who to call for appointment.
- Beneficiary confusion on what type of appointment to request.
- Lack of effective means to reserve appointment slots for categories of enrolled beneficiaries.
- MTFs retaining appointment scheduling functions that paid contractors should be doing.
- Differences between MTFs on what is considered a “complex” appointment necessitating MTF scheduling.
- Appointment Standardization IPT Chartered May 1999.

Apathy

If we don’t take care of our customers
Maybe they’ll stop bugging us.

Why Appointment Standardization?

- Solves many findings by the GAO, meets the JCS mandate and is one of the keystones to optimizing our MTFs.
- Simplifies appointments making for our entire MHS team to include MTFs and MCSCs.
- Fully enables appointing via the Internet. Allows for only one web-appointing application.
- Improves quantitative measurement of access to care standards.
- Standardizes measurement of provider productivity.
- Full implementation will provide better and more accessible service to all of our beneficiaries.

Why Appointment Standardization?

TRICARE Management Activity

- Congress mandates with the Defense Authorization Act of 1999 that the Department of Defense must meet prescribed Access Standards for the care it provides its beneficiaries:
  - Acute Care: within 24 hours
  - Routine Care: within 7 days
  - Specialty Care: within 4 weeks
  - Wellness Care: within 4 weeks

What Is Appointment Standardization?

TRICARE Management Activity

- To book the Right patient to the Right provider at the Right time at the Right place.
- IPT's objective is to develop an implementation plan for standardizing the appointment types and other data elements within the MHS Composite Health Care System (CHCS) and to establish standard MHS appointment process business rules.
- Reducing thousands of appointment types to nine?
- Work closely with Enrollment, E-health, PCMBN IPTs; CITPO, TMA Data Quality, Regions and the Services.

What Is Appointment Standardization?

TRICARE Management Activity

Existing Data Field

PCM - Initial Primary Care (28 days)
SPEC - Initial Specialty Care (28 days)
ACUT - Acute (24 hours)
ROUT - Routine Appointment (7 days)
WELL - Wellness, health promotion (28 days)
PROC - Procedure with designated time allotment (28 days)
EST - Established patient with designated time allotment
TCON - Telephone Consult
GRP - Group/Class

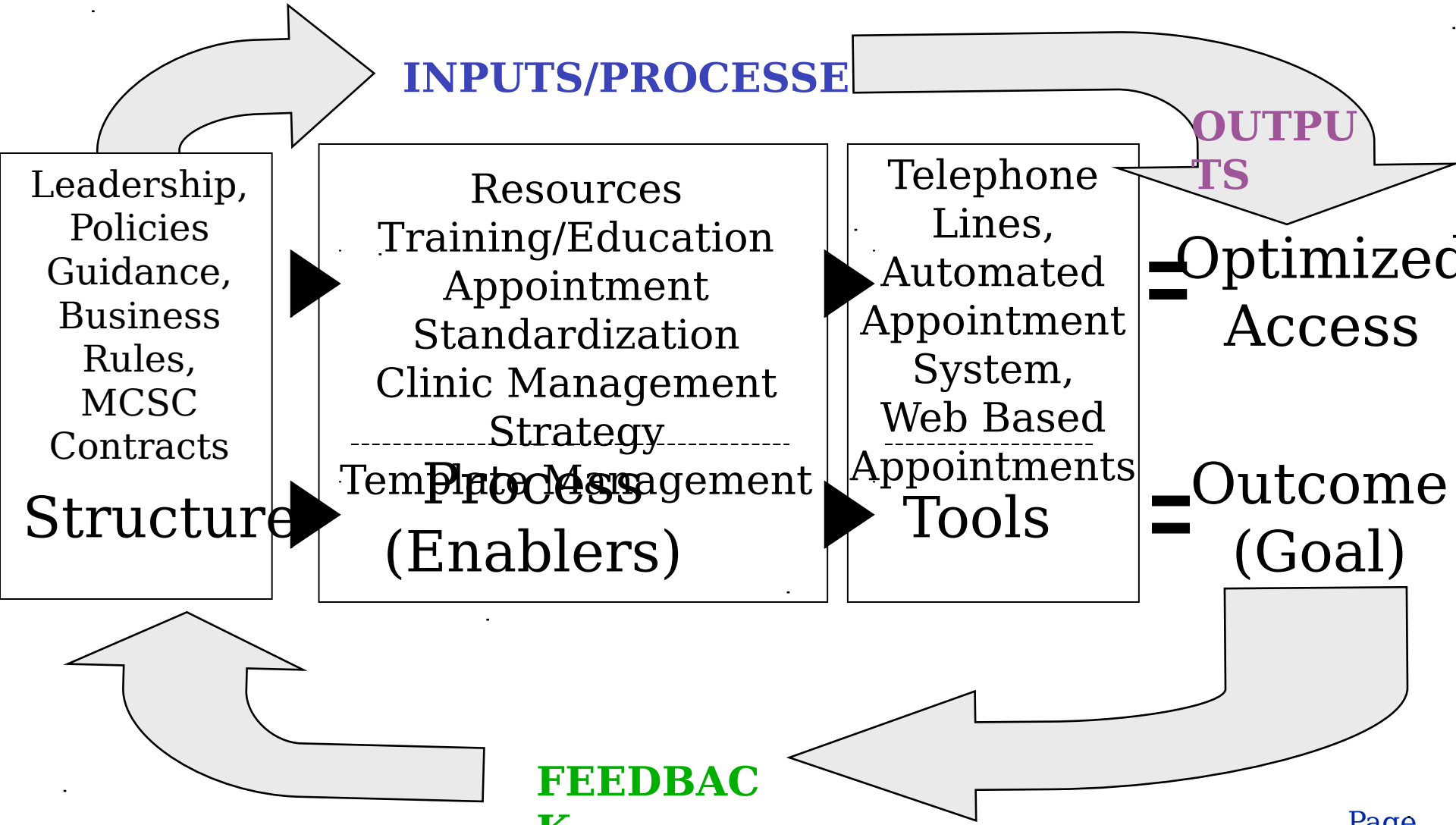
Existing Data Field

Hospital Locations
Provider Specialties

Count/ Non Count	**Patient Access Type**	**Age Delineation**	**Appointment Time & Duration**	**Appointment Detail Field**
Existing Data Field	New Data Field	New Data Field	Modified Data Field	New Data Field

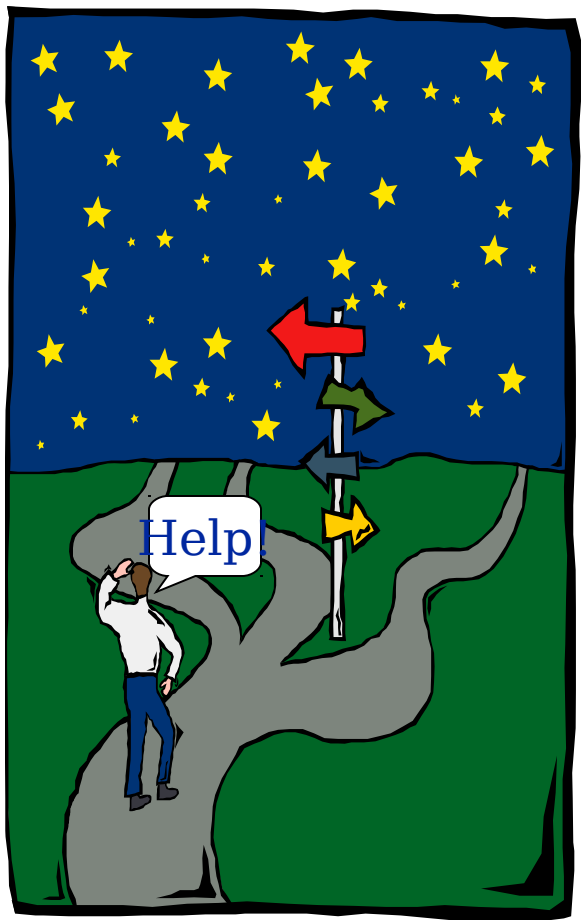
Conceptual Model For Optimizing Success

TRICARE Management Activity



Where Are We At?

TRICARE Management Activity



- Appointments different from provider to provider
- Appointments different from clinic to clinic
- Appointments different from MTF to MTF
- Appointments different from Region to Region
- Appointments different from Service to Service

Where Are We At?

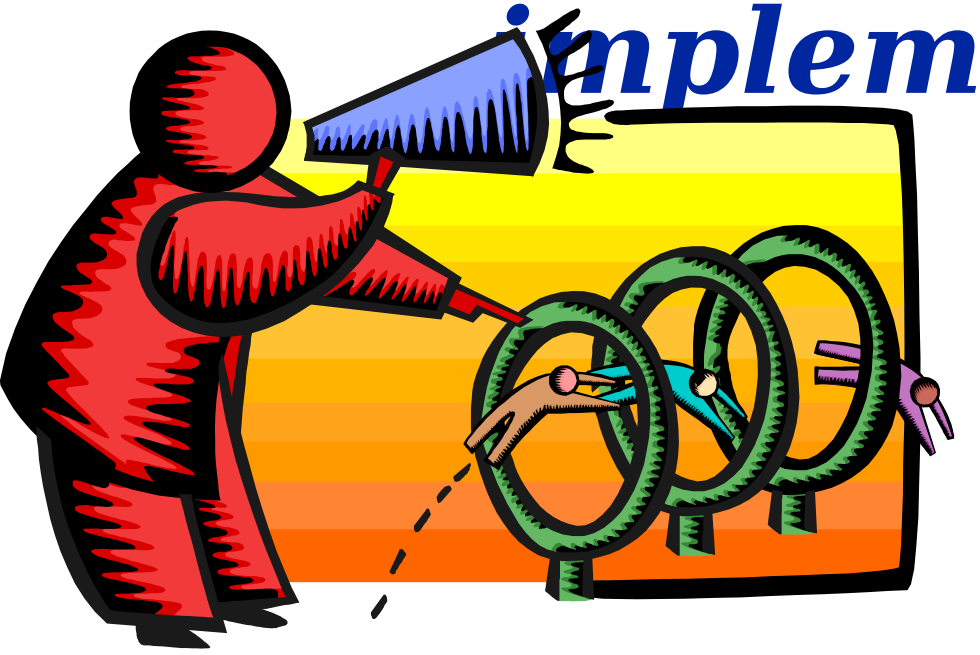
(Use of Standardized Appointment Types)

TRICARE Management Activity

2790 Appointment Types Still Being Used

TRICARE
TRICARE Management Activity

So…what needs to be done to get to full Appointment Standardization implementation?



Actions Important to Successful Implementation of Appointment Standardization

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1. Policies
2. Education and Training
3. Contract Management
4. Technical enhancements
5. Business rules
6. Leadership
7. Feedback

APS Implementation Plan
(Policies)

TRICARE Management Activity

- Policy memorandum signed by ASD (HA) directing that APS implementation be completed by 30 September 2001.
  - Policy provides a standardized methodology to implement appointment standardization.
- Policy directing full utilization of MCP of CHCS by 15 January 01.
- Policy dated 26 March, Subject: Appointment Standardization Program Guidance provides info on policies, business rules, education, CHCS upgrades, performance measurements and contract issues.

APS Implementation Plan

(People)

TRICARE Management Activity

- Established an Appointment Standardization Integrated Program Team to develop policies
- One member from each TRICARE Region, Service, MCSC
- Team meets telephonically every two weeks
- Team meets face-to-face approximately every quarter
- Members surface region/service specific issues to ensure all encompassing solutions are found

APS Implementation Plan
(People)

TRICARE Management Activity

- **APS POCs for TRICARE Regions 9,10,11,12:**
  - Region 9: LT Lorna Dennison (619) 532-6174 DSN 522 Email: lldennision@pen10.med.navy.mil
  - Region 10: LtCol Brij Sandill (707) 424 6558 DSN 350 Email: brij.sandill@travis.af.mil
  - Region 11: HSC Robert Slabinski (503) 861-6244 Email: rslabiniski@pacnorwest.uscg.mil
  - Region 12: TSgt Louise Ratleff (808) 433-6368 Email: louise.ratleff@haw.tamc.amedd.army.mil

APS Implementation Plan

(People)

TRICARE Management Activity

- **APS POCs for TRICARE Regions 3, 4 and Services:**
  - Region 3: LT Harry Caulton (706) 787-8010 DSN 773 Email: harry.caulton@se.amedd.army.mil
  - Region 4: Capt Gavin Mason (228) 377-4821 DSN 597 Email: gavin.mason@keesler.af.mil
  - Army: Ms. Jan Leaders (210) 221-7106, DSN 471 E-mail: jan.leaders@amedd.army.mil
  - Navy: CDR Chip Taylor (202) 762-3116, DSN 762 E-mail: hataylor@us.med.navy.mil
  - Air Force: Ms. Cindy Pierson (210) 536-4080, DSN 842 E-mail: cindy.pierson@brooks.af.mil

APS Implementation Plan

(Service Support Policies)

TRICARE Management Activity

- Air Force: policy from SG dated 28 March:
  - Mandating use of MCP to book 90 percent of medical appointments by May 2001
  - Endorses full implementation of appointments standardization by 1 October 2001
- Navy:
  - BUMED tracking progress of Navy facilities in implementation
- Army: Memorandum from SG dated 5 April:
  - OTSG/MEDCOM supports TMA/OSD APS initiatives

APS Implementation Plan

(education)

- TRICARE Access Imperatives website stood up on 28 August 00. http://www.tricare.osd.mil/tai/
- Cookbook on software enhancements-on web site
- Second Cookbook to be published with the release of Appointment Standardization Phase II
- Two CBT lessons developed

APS Implementation Plan

(education)

TRICARE Management Activity

- CBT 1 : MCP for First Time Users
  - Provides a review of the Managed Care Program Module of CHCS that allows students of navigate around the module's capabilities
  - Get from your system's administrator/on the CD
- CBT 2 : MCP for Advanced Users of the Appointing and Scheduling:
  - Instructions on file, table and schedule builds and use of the capabilities in Appointment Standardization Phase I enhancement
  - From your system's administrator/on the CD

APS Implementation Plan

(education)

TRICARE Management Activity

- CBT's can be found at: http://fieldservices.saic.com/training.asp
- Must have sound card
- A third CBT in development and should be out before the release of APS Phase II
- Will allow for consistent sustainment training

APS Implementation Plan

(Contract Management)

TRICARE Management Activity

- Two Independent Government Cost Estimates have been completed:

  1. Mandates the use of MCP by the contractor. Completed. Cost: $12,000 for Regions 3/4 and Central. Funded.

  2. Mandates the use of nine standard appointment types, standardized clinic names, and methodology. Cost $38,000.

- Contract language modified to accommodate these new business practices and contractors preparing ROMs.

APS Implementation Plan

(Contract Management)

TRICARE Management Activity

- Once ROMs are received, will be aggregated.
- Will be presented to the Change Management Board.
- When funded will be sent back to CO's for final negotiation.
- Once negotiated contractors will make the move to appointment standardization.
- Will hopefully be funded with the DoD supplemental.
- The changes in CHCS will happen regardless.

APS Implementation Plan

(Contract Management)

TRICARE Management Activity

- Regions 6, 9, 10, Pacific and Europe do not require any contractual changes as their contractors do not make appointments.
  - These regions can begin conversion to appointment standardization once they have personnel trained. MTFs could standardize by themselves.
- Regions 1, 2, 3, 4, 5, Central, and 11 will require contract modifications to allow for a single system change of how appointments are made.
  - These regions should make the switch at one time

APS Implementation Plan

(technical enhancements)

TRICARE Management Activity

- Must use MCP of CHCS
  - Allows for automatic check of beneficiary's DEERS/enrollment status
  - Will facilitate appointing to a PCMBN
  - Mandate to use was 15 January 2001
- Enhancements to CHCS
  - APS Phase I has been released
  - APS Phase II is forthcoming

Technical Enhancements

APS Phase II

TRICARE Management Activity

- Release will be October 2001
- Improves, appointment selection and search functions based on the rules established with the Appointment Standardization IPT
- Conversion program will bring all current changes from APS Phase I over to the new change package
- If you don’t convert it will be like the story of the grasshopper and the ant

Technical Enhancements

(E-health/Web-Appointments)

TRICARE Management Activity

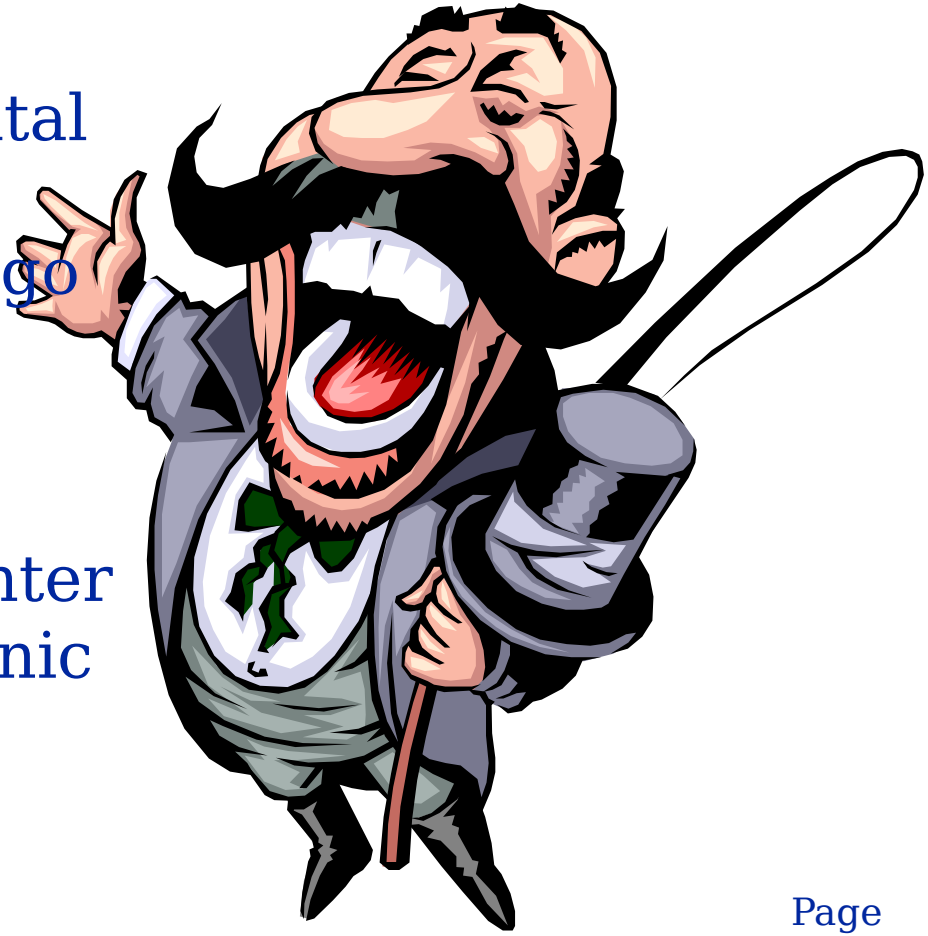
- E-health portal being designed will accommodate only the standardized appointment methodology.
- Can’t design 104 different portals.
- Working closely with Radar Army Health Clinic, Malcolm Grow Air Force Medical Center, Naval Hospitals Camp Lejeune and Cherry Point on the E-health Web-based appointments alpha test to begin 15 May 2001.
- Web-appointing won’t be stood up MHS wide without APS first being implemented.

TRICARE Management Activity

Why yes, yes they are…

TRICARE Management Activity

NH Camp Pendleton
NH Jacksonville
Weed Army Community Hospital
Keesler AF Medical Center
Navy Medical Center San Diego
Region 9
E-health sites:
Rader Army Health Clinic
Malcolm Grow AF Medical Center
Cherry Point Naval Health Clinic
Camp Lejeune NH
and yes there are more!



Business Rules
(Nuts and Bolts)

TRICARE Management Activity

- Created a set of nine appointment types, 6 tied to an access to care category
- Each appointment can be controlled by the MTF and not given to the contractor
- Each appointment type has an operational definition that defines for what it is to be used
- Each appointment can be further defined by up to three standard slot comments/detail codes
- Detail codes can reserve slots for certain ages, gender, categories of beneficiaries or defined needs for resources required for the appointment, and procedures to be done

Business Rules

(Appointment Slot 101 or the cultural change)

TRICARE Management Activity

- Each appointment slot can be identified by the provider, the hospital location, the appointment type and the slot comment or detail code

Example:

- Provider: Dr. Enriquez
- Hospital Location: Primary Care
- Appointment Type: Routine
- Slot Comment/Detail Code: None which means that any beneficiary can get be booked into this appointment
- **Less is more. The less slot comments the more access**

Leadership

- The support of leadership at all levels will allow for successful implementation of APS and thus access improvement
  - **Culture:** control of providers time, commitment to service, the need to increase access and accuracy
  - **Process:** Regular review of clinic templates, provider templates, schedules, reports, proper use of IM systems
  - **People:** Lower ranks, grades make the appointments, make sure they know why this stuff is important
  - **Feedback:** Personnel and organizations want to know if these changes are making improvements

APS Commander's Guide to Access Success

TRICARE Management Activity

- Commander's Guide to Access Success developed to assist Commanders and staff in implementation of Appointment Standardization and access improvement business practices
- Ten-steps based on FOCUS PDCA
- One single guide with easy-to-read appendices
- Meant to be broken apart and given to members of team
- Available on the TRICARE Access Imperatives Website at URL: http://www.tricare.osd.mil/tai/cguide.html
- Down load as an MS-Word document

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP ONE: (F) Find a Process to Improve Appointments and Access

APPENDIX A: Background/GAO Findings and APS Solutions.

- Lets personnel know what the program is and why they are converting

STEP TWO: (O) Organize a Team that Knows the Appointments Process

APPENDIX B: Job Descriptions of Access Managers.

- Provides a description of who should be heading

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP THREE: (C) Clarify Current Knowledge of the Appointment Process

Need to ask these questions

- What are the purpose, place, sequence, people, and methods that are used to book appointments?
- Is the system designed to fulfill the needs of the patients?
- How does the MTF book its appointments? Does it use PAS or MCP?
- What are the current appointment types used to book appointments?
- What are all the clinics that book appointments?
- What are the wait times for these appointment

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP THREE: (C) Clarify Current Knowledge of the Appointment Process

- Do the current file and table builds support the PCMBN initiative at the MTF/Network?
- What appointments consistently go unfilled?
- How are slot comments used in appointments records?
- What is the current on hand inventory of appointments available to patients? Thirty days? Sixty days?
- What percentage of available appointments are frozen? Why?
- How often does the wrong patient get a wrong

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP THREE: (C) Clarify Current Knowledge of the Appointment Process

APPENDIX D: TRICARE Operations Center Description and Services including the Template Analysis Tool
APPENDIX G: Standardized Appointment Types Utilization Reports

- **Allows MTF personnel to understand what their organization's "As Is" model is performing right now and how to measure success in the future**
- **Measurement is discussed further in Block 3.**

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP FOUR: (U) Uncover the Differences Between The Present System and APS

APPENDIX C: Appointment Standardization Methodology
APPENDIX E: Appointment Standardization Business Rules
APPENDIX F: Appointment Standardization Recommended Metrics
APPENDIX G: Standardized Appointment Types Utilization Reports
APPENDIX H: Standard Appointment Types Operational Definitions with Access Standards
APPENDIX I: Conversion

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP FOUR: (U) Uncover the Differences Between The Present System and APS

APPENDIX K: Technical Solution for the Change: APS Phase I CHCS Enhancements
APPENDIX L: Technical Solution for the Change: APS Phase II CHCS Enhancements
APPENDIX M: Standard Detail Codes
APPENDIX N: Patient Access Types

- **Gives all of the details of the Appointment Standardization program. Helps to identify the "To Be" model.**

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP FIVE: (S) Start the Plan, Do, Check, Act Cycle (PDCA)

- **In this step the team will start the change to APS and the measurement of access to care. The Plan, Do, Check, Act Cycle will follow the guidelines in Steps Six through Nine.**

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP SIX: (P) Plan the Change

APPENDIX O: APS Education
APPENDIX P: APS Marketing and Benefits

- Several Options:
  - Start with one or two easy clinics
  - Start with all primary care clinics
  - Start with a few primary care and a few specialty clinics

- **Time of total conversion is eight to twelve weeks**

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP SEVEN: (D) Do the Change

CHAPTER II: General Appointment Standardization Implementation And Access Improvement Guidance
APPENDIX Q: MTF Master Implementation Task and Check List for Appointment Standardization and Access Improvement
APPENDIX S: Appointment Standardization IPT Point of Contact List

- **General Guidance, Checklists and POCs are provided to assist personnel through the conversion process.**
- **Guidance available from Region, Service and**

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP EIGHT: (C) Check the Results of Changes

APPENDIX D: TRICARE Operations Center Description and Services including the Template Analysis Tool
APPENDIX F: Appointment Standardization Recommended Metrics
APPENDIX G: Standardized Appointment Types Utilization Reports

- **Review data from the TOC Website to include the MTF Standard Appointment Types Utilization Report and the Template Analysis**

The Ten Steps

(Conversion to Standardized Appointment Types)

TRICARE Management Activity

STEP NINE: (A) Act to Hold, Gain or Improve APS and Access

- If you started out in only a few clinics expand the program
- Use lessons learned from starter clinics to complete the implementation

STEP TEN: Make Recommendations To Higher Headquarters/Market Results To Your Beneficiaries

- **As success is achieved it is important to share these with your higher headquarters at all levels. Your lessons learned can assist other MTFs in implementing the program**

Timing of the Program

TRICARE Management Activity

- November 2000: APS Phase I allows all MTFs to have coded appointment types and slot comments/detail codes
- January 2001: MCP is mandated to be activated
- January 2001: TRICARE Operations Center starts displaying MHS/MTF Standard Appointment Type Utilization Reports
- January 2001: Appointment Standardization Commander's Guide to Access Success completed
- March 2001: TMA APS IPT provides TRICARE Europe formal training to convert to the new methodology
- April-May: CONUS TRICARE Regions provided formal training

Timing of the Program

TRICARE Management Activity

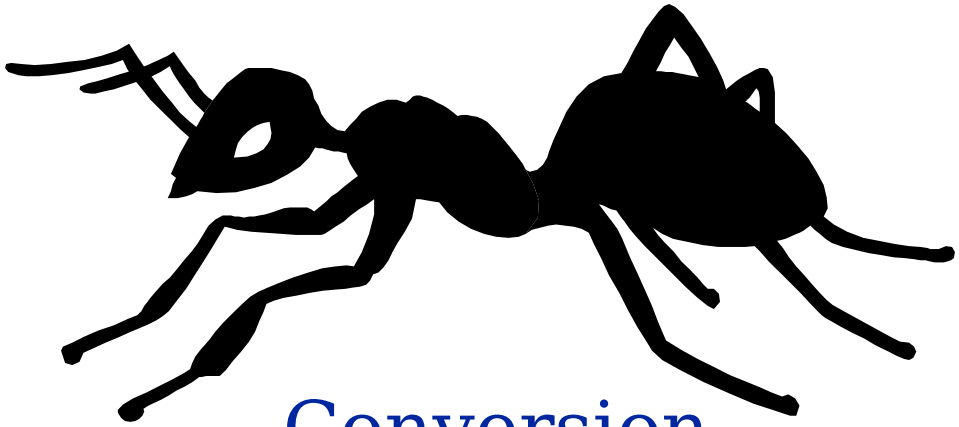
- May-September 2001: TRICARE Regions without contract issues begin the conversion to the new methodology. Install new appointment types and slot comments awaiting for the conversion software
- June-September 2001: Sites with substantial contract support work with contractors to convert
- August 2001: E-health web-appointing Alpha test completed
- September 2001: ATC policies completed and ready for implementation
- October 2001: APS Phase II released. Sites that have new appointment types and slot comments convert easily. Those not converting will have to rebuild their files and tables to see slot comments in the detail code fields on the booking screen.

The Grass Hopper and the Ant

APS Phase II

TRICARE Management Activity

Non-Conversion



Conversion

Technical Enhancements

APS Phase II the Non Conversion before 1 October 2001

TRICARE Management Activity

PCM MTF BOOKING SEARCH CRITERIA

- Patient: BLITON,JERALD — FMP/SSN: 20/278-55-5025
- Patient Type: MCP(ACTIVE DUTY) — ATC Category: ROUTINE
- Place of Care: PRIMARY CARE CLINIC — PLOC Phone: 234-5678
- Appt Type:
- Provider: PRIMARY CARE GROUP — Duration: 30
- Location: 23708 — Spec Type:
- Clinic Spec:
- Provider Spec:
- Date Range: 03 Jul 2000 to 10 Jul 2000 — Time Range: 0001 to 2400
- Days of Week: M TU W TH F SA SU

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	04 Jul 00 MON 0900	NEW	1/0	ADO F >14 ONLY
	04 Jul 00 MON 0930	ROU	1/0	MTF BOOK ONLY
*	04 Jul 00 MON 1030	FOL	1/0	MTF-FP-M-ALL
	06 Jul 00 MON 1100	FOL	1/0	PRI-FP-M-<17

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Use SELECT key to select appointment(s) to be booked

Press F9 to view additional appointment data

APS Phase II
the "Real Deal"
after 1 October 2001

TRICARE Management Activity

PCM MTF BOOKING SEARCH CRITERIA

Patient: BLITON,JERALD — FMP/SSN: 20/278-55-5025

Patient Type: MCP(ACTIVE DUTY) — ATC Category: ROUTINE

Place of Care: PRIMARY CARE CLINIC — PLOC Phone: 234-5678

Detail Codes: — Appt Type:

Provider: PRIMARY CARE GROUP — Duration:

Location: 23708 — Spec Type:

Clinic Spec:

Provider Spec:

Date Range: 03 Jul 2000 to 10 Jul 2000 — Time Range: 0001 to 2400

Days of Week: M TU W TH F SA SU

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04 Jul 00 MON 0900 NEW 1/0 30 ?

04 Jul 00 MON 0930 ROU 1/0 15 ?

04 Jul 00 MON 1030 FOL 1/0 30 ?

06 Jul 00 MON 1100 FOL 1/0 60 ?

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Use SELECT key to select appointment(s) to be booked

Press F9 to view additional appointment data

Technical Enhancements

APS Phase II Conversion before 1 October 2001

TRICARE Management Activity

FILE APPOINTMENT

Patient: BLITON,JERALD **FMP/SSN: 20/278-55-5025**

Patient Type: CHAMPUS **ATC Category: ACUTE**

Appt Type:

Provider: GENERAL MEDICINE

Location: 23708 **Spec Type:**

Clinic Spec:

Provider Spec:

Date Range: 03 Jul 2000 to 04 Jul 2000 **Time Range: 0001 to 2400**

Days of Week: M TU W TH F SA SU

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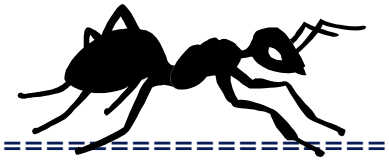
*** 04 Jul 00 MON 0900 ACUT 1/0 BPAD;0-17;FE**

04 Jul 00 MON 1030 ROUT 1/0 BPPR;FlexS



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Technical Enhancements

APS Phase II Conversion after 1 October 2001

TRICARE Management Activity

FILE APPOINTMENT

Patient: BLITON,JERALD **FMP/SSN: 20/278-55-5025**

Patient Type: CHAMPUS **ATC Category: ACUTE**

Detail Codes: **Appt Type:**

Provider: GENERAL MEDICINE **Duration:**

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Clinic Spec:

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Date Range: 03 Jul 2000 to 04 Jul 2000 **Time Range: 0001 to 2400**

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*** 04 Jul 00 MON 0900 ACUTE 1/0 30 BPAD 0-17 FE**

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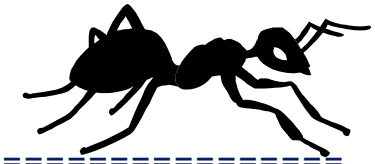

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TRICARE
TRICARE Management Activity

Questions